POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	15	66621	4/6
O.I.P.E. CLASSIFIER			4-11-00
FORMALITY REVIEW		11/634	10/2/00
RESPONSE FORMALITY REVIEW			9/15/00

INDEX OF CLAIMS

Ż	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

	<u>+</u>	Kestricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
For Solution of So		Final		Final Original	
\		51 52		101	
3 3		53		102	
4 4		54		104	
5 5	+ + + + + + + + + + + + + + + + + + + +	55		105	+ + + + + + - + -
5 5 6 7 7 7 8 8 7 9 9	 	56		106	
7711		57		107	
88		58		108	
9 1		59		109	
10 10 11 11		60		110	
"W		61		111	
12 12 13 13		62		112	
13 13		63	 	113	
14 14		64		114	
15 15 ル 16		65		115	
12 17	+++++	67		117	
17 17 18 18	 	68	 	118	++++++
17 19		69		119	
20 20		70		120	
01 21	+ + + + + + + + + + + + + + + + + + + +	71		121	- - - - - - - - - -
21 21		72		122	
23		73		123	
24		74	 	124	
25		75		125	
26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31		81		131	
32		82	 	132	
33	 	83	+++++	133	++++++
35	+	85	++++	135	+
36	 	86	 	136	
37	 - - - - -	87	 - - - - - - - - - - - - - - - - - - -	137	
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49		99	11111	149	
50		100	1	150	

If more than 150 claims or 10 actions staple additional sheet here